LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS OFFICE OF PUBLIC HEALTH

CENTER FOR ENVIRONMENTAL HEALTH SERVICES

Buildings and Premises Program
/ <u>Mail</u>: P.O. Box 4489

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Baton Rouge, Louisiana 70802 /

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www.dhh.louisiana.gov/offices/2ID=206

COVER SHEET FOR SUBMISSION OF PLANS AND SPECIFICATIONS FOR ANCILLARY FACILITIES

 Abuse/Addiction Treatment Facility Rural Health Clinics Intermediate Care Facility for the 	Rehabilitation Hospital ESRD (Dialysis Center) lity: (Sub-Category: Abortion Clinics Mentally Retarded (ICFMR) Residential Facility	Psychiatric Hospital Hospice Nursing Homes Adult Day Care CRCC (Respite Center)
ANCILLARY FACILITIES (for Will your facility have any of the fo Food Service Provided Swimming Pool / Treatment Pool Own water well or surface water *If yes, call OPH's Drinking W and a Capacity Development Pr **If no, please advise of the nam Own sewerage disposal system If yes and will treat 3,000 gallo Data Summary Package to be me Sanitarian Services at (225) 342-	which plans & specs must be submitted directly allowing? Yes treatment plant atter Revolving Loan Fund Program at (225) 342 ackage to be mailed to you. ackage to be mailed to you. ackage to grade and the supplier: "" "" "" "" "" "" "" "" ""	** lees Section at (225) 342-7513 for a D gallons per day, call OPH
BUSINESS/FACILITY NAME:	State:	
APPLICANT/OWNER'S NAME Mailing Address: City:	:	Zip:
	Fax No:	
OWNER'S REPRESENTATIVE Mailing Address:	/CONTACT NAME:	
City: Phone No.:	State:State:	Zip:
PROFESSIONAL OF RECORD		
City:Phone No.:	State: Fax No: O Engineer O Architer	Zip:
1.213 13 0 64 12 14 14 14 14 14 14 14 14 14 14 14 14 14	dated by a professional engineer for any water	or sewer project when the estimated
PROJECT NAME: (As shown on o	iocuments submitted for review.)	

Note: Plans and specifications to be reviewed in accord with applicable requirements of the Louisianu State Sanitary Code (LAC 51), Operator Certification Requirements (LAC 48: V. Chapter 73), and Capacity Development Regulations (LAC 48: V. Chapter 77. Subchapter B).